Proposal:

- THE HOMELESS PROJECT -

SERVICES FOR HOMELESS AND AT RISK OF BECOMING HOMELESS MENTALLY DISABLED

OF BERKELEY AND ALBANY

Presented To:

ALAMEDA COUNTY MENTAL HEALTH

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I. INTRODUCTION

Berkeley community service providers are combining efforts in the design of a comprehensive network of services, resources and programs for the mentally disabled homeless and at risk of becoming homeless. Participating agencies include Berkeley Support Services, Mental Disabilities Independent Living Project of the Center for Independent Living, Coalition for Alternatives in Mental Health/Drop-In Center, Emergency Food Project, Berkeley Mental Health, Veterans Assistance Center, Berkeley Creative Living Center, Project Help and the Berkeley Mental Health Advisory Board. These groups propose to integrate and coordinate services to maximize combined program impact without compromising the unique contributions of each agency. To develop a collaborative service system, cooperating programs are requesting $165,000 in state augmentation funds for the Berkeley-Albany community.

Funds will be directed toward serving the extraordinarily large and steadily growing concentration of mentally disabled homeless and at-risk population. Participating agencies plan to utilize the most helpful combination of services, through shared resources and an extended referral program, to reach individuals often excluded from resources, both because of the reluctance of some to approach traditional agencies and because of the failure of agencies to address their needs fully.

The method proposed is a comprehensive mental health advocacy and assistance service to help consumers gain and maintain access to such basic necessities as shelter, food, clothing, mental health counseling that includes the option of peer counseling, personal safety, health care, rehabilitation for skills of daily living and other needed resources. The combined experiences of these community groups in past years demonstrate the need for a model that assures the maximum utilization of resources, data sharing and staff training.

II. POPULATION

This proposal addresses those members of society who are least able to secure the primary resources for daily living - the long-term mentally disabled homeless and individuals at risk of loss of residence. Participating agencies intend to increase the number of individuals assisted and to expand resources available to them through an integrated effort to provide more relevant and accessible services than those that currently exist in Berkeley.

The streets of Berkeley are home to a large and growing population of otherwise homeless people, approximately 800 of whom have mental disabilities. The Social Security Administration estimates that of the 2,000 Berkeley recipients of SSI, 40% are permanently homeless, 40% are intermittently or at risk of becoming homeless and 20% have rela- tively stable living situations. These figures fail to reflect the total number of individuals in this population since many are not registered with SSA. Furthermore, many who are registered with SSA in other cities have managed to obtain services in the Berkeley. Estimated percentages of subgroups within this population are described in the table below.

TABLE 1

Social Security Administration Homeless & At-Risk Subgroups

N = 2,000

Percent Distribution

Gender		Ethnicity		Age	
Total	100	Total	100	Total	100
Male	70	White	65	18-21	9.5
Female	30	Ethnic minority (primarily black)	35	22-44	71
				45-54	8
				55-64	6
				65+	5.5

A crucial factor for the Berkeley community is the relatively permanent residential pattern characteristic of this population. Studies show that approximately 80% of this population have resided here for more than a year, differing from nationwide trends of higher mobility. This trend also represents a change over time. In 1971 the homeless popula- tion was 85% transient, primarily from out of state. Today only 5% of

the population would fit the highly transient category. Other features of this population which represent social trends within the past 14 years include an increase in the average age (31 now as contrasted to 22), an increase in the percentage of women (40% now compared to 15%), and a marked change in the ethnic makeup (ethnic minority groups previously comprised only 10% of the population and now represent 45%).

A new feature of the current population is the presence of homeless families (about 10% of the population), a phenomenon practically non-existent 14 years ago. As more families face economic dislocation and devastation, they become more vulnerable to mental and emotional disability. They may have to rely on cars and vans for shelter, make use of abandoned buildings, or they double up (and more) in crowded, delapidated hotel rooms. If they are unable to find space in the inadequate forms of shel- ter available, some families split up to live one or two at a time with relatives and are subject to additional social and emotional stressors.

Traditional Berkeley community tolerance has diminished recently as the numbers of homeless have increased. Streets typically inhabited by this population at times become arenas where the homeless must suffer harrassment, threats and abuse. The more destitute and streetworn a person appears, the greater the likelihood of being insulted, told to move on or physically harmed. With a steady decline in the number of places to stay warm, dry and safe on city streets, ever more stress is placed on limited agency resources and services to respond to increased requests for assistance.

Some characteristics of the homeless and at-risk population served by participating agencies are described in the table on the following page. Each agency is responsible for collecting its own data, through information obtained during initial and subsequent client contact, both for purposes of planning and evaluation and as required by funding sources. These data have been combined among agencies to reflect the total population being served.

TABLE 2

Combined Agency Homeless & At-Risk Subgroups

Percent Distribution

Gender		Ethnicity*		Age*		Eco. Support*		Health Ins.*	
Total	100	Total	100	Total	100	Total	100	Total	100
M	60	White	55	18-34	41	SSI	65	Medi-Cal	53
F	40	Black	36	35-44	42	SDI		Medicare	
		Hisp.	6	45-54	10	SSI/SDI		M-C/MC	
		Asian	2	55-64	5	G.A.		Other	
		Nat. Am.	1	65+	2	None	35	None	47

*Data not available for 1985 Creative Living Center population

Each agency's data reflect unduplicated numbers and percentages of clients served within the individual program. It is not possible at this point to determine precise figures for total unduplicated clients assisted among all agencies because of indadequate data and the necessity of guaranteeing client confidentiality. Because of the importance of immediate response to client need and the large number of clients served, there is an inevitable overlap of service effort among agencies. An attempt to minimize duplication to the extent possible, however, is indicated in the subsequent program descriptions.

COOPERATING AGENCIES:

Berkeley Support Services provides basic emergency shelter and advocacy services for the mentally disabled homeless. It served 1800 unduplicated clients in 1985. Assistance is available for locating housing for clients who either cannot be accommodated by the BSS shelter or who need other short-term, longer-term or permanent housing; 30% of clients served in 1985 did find permanent housing. In addition BSS assists an ongoing caseload of 250 persons who are SSI recipients or applicants.

Mental Disabilities Independent Living Project/CIL provides "peer-based" or self-help services through housing search assistance, financial benefits counseling and individual living skills training. Services include in-depth, time-consuming client assessment and residency search, actively assisting in the entire process of securing housing,

with a 71% success rate for the 94 unduplicated homeless and at-risk clients served intensively during a two-year period. This part of the MDILP/CIL program has been minimal due to lack of funding. Assistance also includes training in shopping, cooking, budgeting and other basic skills which help the individual learn to function independently.

Coalition for Alternatives in Mental Health is a client-run drop-in center, a place to socialize for mentally disabled homeless persons who often have nowhere else to go during the day. It provides a support community for many individuals who otherwise would be isolated due to a reluctance to utilize the more established agencies. It offers a variety of special groups, peer counseling, information and referral, and general advocacy and has served 70 unduplicated Berkeley homeless and at-risk persons during its six months of existence. Many are from other cities, but three-fourths of the regular center visitors live in Berkeley.

The Emergency Food Project offers a non-threatening, comfortable setting for mentally disabled homeless and at-risk persons to acquire the basic need of nutritious meals. It is the only participating agency which serves a planned daily hot meal to large numbers of people, totalling an average of 170 unduplicated persons daily in 1985 (about 128 daily from the target population). It also provides counseling that is responsive to conditions which accompany life on the streets or in marginal housing.

The primary units of Berkeley Mental Health which serve a total of approximately 275 mentally disabled homeless and at-risk individuals are the Police Project, Court Project and Adult Outpatient units. They provide such services as crisis intervention, court and jail diversion and mental health counseling aimed at prevention of unnecessary psychiatric hospitalizations and/or incarcerations, and they assis clients in establishing and maintaining independence in their community. Only a small percentage of clients receives services in more than one unit of the agency, though all resources are available to each individual.

Veterans Assistance Center's counseling and assistance program serves the many disabled homeless and at-risk veterans who refuse to seek or are not eligible for services through Veterans Administration. Counselors are specially trained in the many problems directly related to clients' military experiences. Non-veterans also are eligible for the VA's employment program. During 1985, 73 mentally disabled clients were served.

Berkeley Creative Living Center is a drop-in program which operates two days a week (not conflicting with Drop-In Center hours) to provide social interaction along various structured avenues of expression through discussion and activity groups, with opportunities for both work programs and counseling. A total of 70 identified mentally disabled homeless and at-risk individuals participated in the Center's programs in 1985. As with the other agencies, it also offers information and referral resources to participants.

Project Help, sponsored by the Interfaith Council, gives voucher assistance to the homeless and pays for temporary residence in community hotels, shelters and similar settings. All participating agencies will utilize these emergency services when shelter is not otherwise available.

Berkeley Mental Health Advisory Board, while not providing any direct services to clients, will assist in overall planning and coordination of the project and will help raise money to augment funding.

III. PROGRAM OBJECTIVES

A primary objective of cooperating agencies is to develop a comprehensive support system as an alternative to cyclical crisis intervention. Despite the services presently being offered and the large number of individuals assisted, with multiple inter-agency referrals, many potential clients actively resist or are unable to utilize the community and various mental health agencies.

Numerous factors which plague the homeless - illness, assaults, accidents, deficiencies in basic resources such as food and adequate clothing - often lead to crisis situations that require immediate hospitalization for psychiatric or medical reasons and may lead to police intervention which results in incarceration and/or court action. It is well establishced that services at the crisis level are costly in terms of human suffering and loss, as well as expense (see appendix for relevant data). Financial costs of crisis assistance at the institutional level are indicated in the table on the following page.

TABLE 3

Institutional Costs

Alameda County - 1/1/85-1/1/86				
Psych. Inpatient Per Diem	Psych ER Per Hour	Med. Inpatient Per Diem	Intensive Care Unit / Day	Surgical ICU / Day
$330	$90/h	$390	$960	$990

City of Berkeley Est. Costs for Arrest, Arraignment, Due Process Procedures & Incarceration Per Individual = $500-600

By contrast, ongoing services to the homeless at a less acute level are relatively cost effective. The average cost per unit service of the combined agencies is estimated to be between $25-35. This figure represents a few dollars a day as contrasted to a few hundred for institutionalization. The ultimate savings is in terms of human life and diminished suffering.

Additional program objectives include the following: 1) An increase in actual services provided; 2) Development of improved referral mechanisms; 3) Shared resource information; 4) Provision of nontraditional, nonthreatening service to the extent possible; 5) Utilization of client-consumers to serve others in the target population; 6) Promotion of outreach to the most underserved and vulnerable individuals; 7) Trouble-shooting service delivery problems; 8) Shared communication information relative to the contractor; 9) Training staff so as to facilitate service integration and data recording.

IV. METHODOLOGY & IMPLEMENTATION

"The Homeless Project" proposes to reach mentally disabled homeless and at-risk individuals who currently are unserved and to expand services to persons already connected with one or more program. It is designed to meet the complex needs of this population in a cost-effective manner which requires less additional funding than would be necessary for service expansion by each agency operating independently. An estimated increase of at least 200 and possibly as many as 250 additional unduplicated clients will be served annually, based on projection of outreach activity and expanded resources available through proposal funding.

Participating agencies will determine funding allocation priorities in joint session to add services where they are most needed and to coordinate service assistance to minimize duplication of effort. They also will arrive at mutual agreement regarding continued data collection and sharing of statistical information. Representatives will include agency officials, community client-consumers and the chairperson of the BMH Advisory Board. A central coordinating committee will be responsible for sharing information collected by all programs. An additional function will be to determine methods for program administration. The committee also will serve as communication liaison among participating agencies and between the collective programs and funding source.

Each agency will record and share the commonly agreed upon socio-demographic data. Every program also will record information about how each individual was referred for its services as well as listing all referrals provided. Consideration will be given to development of a common reporting mechanism to indicate each agency representative's activity in procuring client services (e.g., telephone and transportation aid), along with follow-through information to reflect service outcome. Consideration will be given to development of a profile form to indicate the extent of client disability in terms of vulnerability to institutionalization. Staff will be instructed in procedures and trained in methods of client referral assistance.

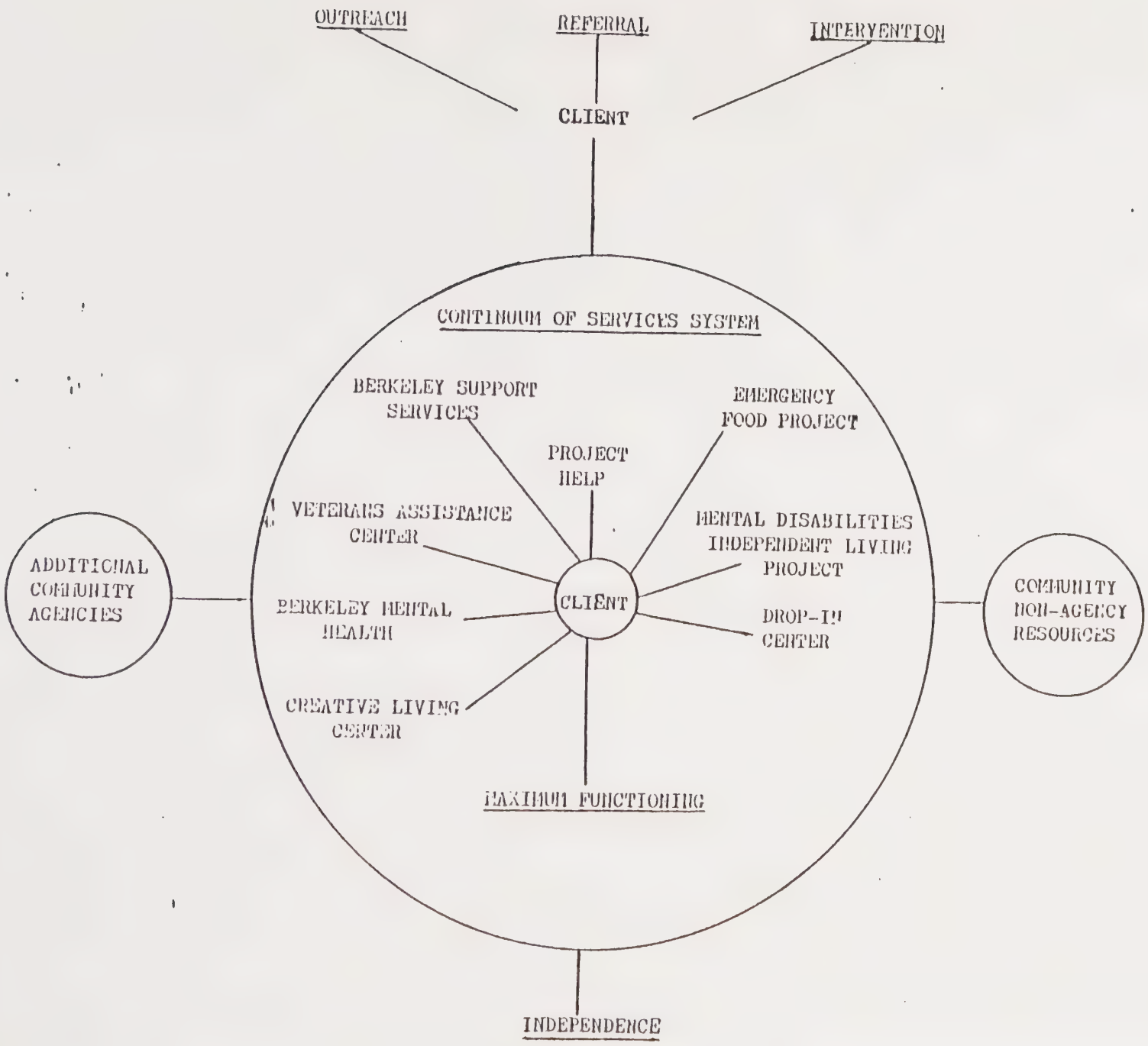
Services will include the following:

- o emergency shelter staff to supervise short-term housing needs.
- o food preparation to supply daily basic nutritional needs.
- o housing search advocacy to establish longer-term temporary and permanent residency, systematically keeping track of available community resources at all levels.
- o financial benefits counseling to obtain resources which allow individuals to maintain more permanent residency.
- o crisis intervention to divert individuals away from 24-hour hospital care and criminal justice involvement and towards resources available in the continuum of services model on a voluntary basis.

- o peer-based socialization resources to build a community support system for individuals who otherwise would remain isolated and alientated from mental health services.
- o outreach to contact and offer services to the most underserved segment of the homeless and at-risk population.
- o rehabilitation and skill development to support clients' ability to take advantage of the variety of services offered.
- o direct general advocacy in each program to meet the client's immediate needs (e.g., on-site emergency food, shelter, clothing).
- o information and referral to present and potential clients about resources available within the continuum of services model and other community resources to serve short- and long-term needs, with advocacy to include activity assistance and followthrough to the extent desired, identifying gaps in the service system.

An individual would enter the continuum of services system by three primary routes: 1.) referral - to include "word-of-mouth" sources (acquaintances, friends, relatives) and other community sources (clinics, private professional services, governmental and volunteer programs); 2.) outreach - to involve direct contact between agency staff and homeless/at-risk individuals at sites of marginal housing and street residency; 3.) institutional intervention - to avoid incarceration or hospitalization by public authorities. Agency interviews would focus on assessing immediate and, in a non-crisis situation, long-term needs. All services within this integrated system would be available on initial contact to assist the person through direct service advocacy. Staff would be trained to utilize the most appropriate referrals in a timely fashion to ensure maximum individual benefit and minimum duplication of effort and "falling between the cracks." Referrals also would be made to non-participating agencies and community resources, with the client assisted in negotiating these frequently complex systems. Advocacy would include such direct action as transportation to resources, detailed explanation of eiligibility requirements and follow-through assistance. The ultimate benefit to the client would be directed toward autonomous functioning outside the mental health system or maximal individual functioning within the system to avoid a cycle of crisis, followed by acute and costly response. A visual representation of this process appears on the following page.

- CONTINUUM OF SERVICES CHART -



V. REPORTING, ACCOUNTABILITY & EVALUATION

Systematic data collection will provide an integrated, comprehensive data base from which to draw information about "The Homeless Project" for reports to funding sources and for collaborative project analysis and evaluation. A list of commonly agreed upon terms for identifying the target population is included in the appendix. Reporting will include the usual sociodemographic data required by funding sources and also will include outcome data to demonstrate the effectiveness of the proposed continuum of services model. Regular progress reports will be submitted periodically and whenever requested to the funding source.

Participant Sociodemographic Data: Information collected by all agencies will include statistics relevant to client gender, age, ethnicity, economic resources, and in some cases history of hospitalization and incarceration. Several participating agencies are considering development and utilization of a common client profile assessment (currently used only by Berkeley Mental Health) for further assistance in identifying the population and its service needs.

Outcome Data: Information collected by all agencies will include referral source, references provided and follow-through activity carried out by program staff. This data will provide a view of increased client utilization of services in a manner that guarantees confidentiality.

Staff will be trained in commonly agreed upon standardized methods of recording data and advised regarding the voluntary nature of information collection. Training will emphasize sensitivity to the needs and desires of the target population. Information will be utilized for program planning to determine priorities, distribute resources and identify gaps in service provision where additional resources or programs are needed. It is anticipated that the increase in total number of individuals served will measurably exceed what ordinarily could be expected from an increase in available resources and that results will be enhanced significantly by the integrated service effort.

VI. MAINTENANCE OF EFFORT

The combined agencies cooperating in "The Homeless Project" have demonstrated a commitment to work together for the mentally disabled homeless and at-risk population of the Berkeley-Albany community. They have agreed to continue this effort, expanding and refining service provision when possible, as assessed by the evaluation process and in light of future needs and social trends. It is anticipated that the continuum of services model, once in place, will be able to integrate to maximum advantage any additional funding resources which may become available, offering added benefits to more individuals in the target population.

VII. Homeless Project Proposed Budget

Program	Position	F.T.E.	Salary & Fringe	Operating Costs	TOTAL
BSS	ER Shelter Supervisor	3.0	54,000	---	$ 54,000
MDILP	Housing Search Counselor	.75	15,500	1,000	16,500
MDILP	Financial Benefits Counselor	.75	15,500	1,000	16,500
Drop-in Ctr.	Facilitator	.75	11,500	3,500	14,000
ER Food Proj.	Meal Svce. Wkr.	1.0	14,000	---	14,000
BSS	ER Housing Counselor	.75	15,000	---	15,000
BMH Police Proj.	Crisis Intv. Wkr.	.80	18,945	1,055	20,000
VA Ctr.	Outreach Counselor	.75	10,000	---	10,000
H.E.L.P.	---	---		5,000 (Vouchers)	5,000
					$165,000

JOB / SERVICE DESCRIPTION

The following is a brief description of various positions and services allocated in the budget:

BSS Emergency Shelter Supervisors: Responsible for welfare of a portion of the homeless population residing in the shelter.

MDILP/CIL Housing Search Counselor: Assists clients in obtaining intermediate and permanent housing, including provision of extensive listing of available housing, certification for housing programs, counseling and direct assistance to obtain satisfactory housing.

MDILP/CIL Financial Benefits Counselor: Assists clients in obtaining financial benefits to maintain longer-term residency and acquire other basic needs required to avoid crisis services.

Alternative Coalition/Drop-In Center Facilitator: Facilitates program services during drop-in hours for consumers who otherwise have no place to go and who are vulnerable to isolation and crises.

Emergency Food Project Meal Service Worker: Helps prepare daily meals for anticipated increased client demand which continues to expand beyond the program's capacity of service provision.

BSS Emergency Housing Counselor: Assists in obtaining emergency housing for clients who cannot be served by the BSS shelter, continuously updating information about available community resources, present and future needs and potential linkages in service delivery.

BMH - Crisis Intervention Worker: Responsible for helping clients in acute distress to avoid institutionalization when possible and to secure alternative voluntary resources.

VA Center Outreach Counselor: Assists this distinct population group in entering the system through non-threatening advocacy and sensitivity to special needs, including acute on-site counseling.

Voucher Program / Project HELP: Emergency voucher assistance available to each participating program for temporary shelter.

VIII. APPENDICES

TERMS DEFINING TARGET POPULATION

A **HOMELESS** person is an individual who regularly has no place of his/her own to go to during a significant part of any 24-hour period.

A person **AT RISK OF BECOMING HOMELESS** is an individual who lives in marginal housing, including rooming houses and single-room occupancy hotels, often living an isolated existence in this setting.

"MENTALLY DISABLED" describes an individual meeting one of the following criteria: having a history of psychiatric hospitalization, having a history of psychiatric diagnosis obtained through the mental health system, meeting eligibility criteria to receive mental health services/benefits, having a current condition of disability or a history of being perceived to be disabled.

A **CHRONIC** condition is characterized by repeated hospitalizations or repeated care by mental health workers.

BERKELEY SUPPORT SERVICES

Berkeley Support Services is comprised of four components providing direct services available to the mentally disabled homeless and at-risk of becoming homeless population.

1. EMERGENCY SHELTER PROGRAM

The shelter provides housing for a maximum of 60 days, with the highest priority given to individuals in an immediate crisis situation. If not housed, these clients run a high risk of being hospitalized, returning to a violent situation or sleeping on the street, thus risking injury or incarceration. Each resident goes through an informal intake process at the shelter which links the client to the more comprehensive services of the Multi-Service Center described below. The shelter provides breakfast and an evening snack. It has showers and laundry facilities and includes separate space for women and families. The atmosphere of the shelter is geared to strengthn the individual's ability to survive in a community situation. Interactiion with staff and other residents is encouraged, gently but firmly. The inclusion of families in the environment has proved beneficial, especially for those clients who are reserved and isolated.

This "First-State Housing" living situation is designed to accommodate people in transient situations, including (though not limited to) discharge from a hospital or jail and displacement due to unemployment, violence and eviction. Shelter staff, in cocperation with the Multi-Service Center, enter into a mutual agreement with the client to improve his/her living situation. The ultimate goal of stability and independence in living, to which Berkeley Support Services' clients aspire, is only minimally achieved at this stage, however, due to the inability to work with an individual on a long-term basis.

2. MULTI-SERVICE CENTER

The Center provides non-residential support services to the target population. This service assumes the ultimate case management responsibility for severely disturbed clients, helping them to create and maintain viable, individually tailored support systems from the bewildering array of potential resources. The entire staff is available to all clients. This approach is labor-intensive to provide on-the-spot aid to solve the problems of daily life which can result in crisis and reinstitutionalization. Staff also accompany clients to Alameda County welfare offices, Social Security Administration offices, hotels and missions to facilitate the move to independence.

The Center accommodates many individuals who do not fit into traditional mental health programs. The following needs are addressed by the Center: a) Safe place to receive mail and checks and to use the phone for personal and business calls; b) Public assistance advocacy (GA, AFDC, etc.); c) Money management; d) Substitute payee; e) Check cashing; f) Crisis counseling. Center counselors have expertise in mental health counseling, social services and housing advocacy. Program effectiveness is assured through the use of a case management system.

3. MENTAL HEALTH ADVOCACY

Berkeley Support Services' approach is to prevent the placement of individuals in costly and less desirable facilities if independent living can be achieved. Mental Health Advocacy stabilizes the client's living arrangements and results in fewer arrests, hospitalizations and contacts with inpatient mental health facilities. The program accepts referrals from Berkeley Mental Health, County Mental Health, the Berekeley Police Department, Social Security Administration and community-based agencies. Each client is evaluated by staff to determine if he/she meets program criteria.

This service provides a specialized casework function which involves helping the client with SSI application, monitoring the availability of appropriate transitional care beds and running interference for clients in their encounters with institutions of care and control. It also helps clients to help themselves secure services they are entitled to and to extend their rights. The advocate, above all, is the personal representative of the client and helps the individual to obtain maximum assistance from the array of available services. The advocate combines psychological and social rehabilitation with clinical treatment to insure a prolonged impact on a client's move toward greater independence. For some clients, this approach includes a Representative Payee/Money Management Program. The client is expected to cooperate with the system of money management developed by staff, and a separate plan is developed for each individual. Every plan assures that the client's basic needs are met, the client is being trained to manage his/her own money, and a savings system is devised.

4. PARA-LEGAL ASSISTANCE

In conjunction with Pro Per, Inc., Berkeley Support Services provides a legal information center for people who cannot afford a lawyer, who do not qualify for legal aid and/or who want to be self-sufficient in dealing with government agencies and the legal system. Laws often seem confusing and inequitable; government agencies seem cold and alienating. Often clients are unaware of the options that are available to them and how to go about realizing those options without previous experience in dealing with public institutions.

Clients are assisted in taking effective action in simple legal matters on their own behalf through the provision of fundamental information. This service includes providing information in the form of pamphlets and self-help books concerning welfare programs, unemployment insurance, small claims court, uncontested divorce, landlord and tenants rights, debts and bankruptcy, name change and non-profit incorporation. Pro Per/BSS staff members are not lawyers, but they help clients find the information needed to deal effectively with legal problems they encounter.

MENTAL DISABILITIES INDEPENDENT LIVING PROGRAM
-CENTER FOR INDEPENDENT LIVING-

The Center for Independent Living (CIL) expanded its program for disabled individuals three years ago to the mentally disabled, which includes psychiatric or emotional disabilities, the retarded and learning disabled. CIL brought together a group of mentally disabled clients to form the Mental Disabilities Independent Living Project (MDILP) to assist people with psychiatric disabilities, particularly persons who have been in mental hospitals.

MDILP's purpose is to train and assist CIL staff to serve the mentally disabled and augment the staff in all high-need areas to serve this increased client population. Since the project began, a majority of MDILP clients have been, and continue to be, homeless or at risk of being homeless. Most of its homeless clients are no longer homeless, with a 71% success rate in securing permanent housing. Only 3.5% of the clients have returned to the hospital, in most cases for only a short time.

Present funding is totally inadequate to serve the growing client caseload. Relying almost exclusively on volunteers is no longer sufficient. If MDILP is to continue providing quality services to more clients, it must receive adequate funding to hire staff positions. With additional funds provided by Alameda County Mental Health, under "The Homeless Project," MDILP will be able to expand services in the following ways: 1) Increase the number of clients served; 2) expand the number of service hours spent with each client.

Two services provided at CIL which are particularly needed by the homeless, though they have little or no funding and require paid positions, are Financial Benefits Advocacy and Housing Search Assistance. Minimum requirements for these positions are 3/4 FTE for a Housing Search Counselor and 3/4 FTE for a Financial Benefits Counselor. These two services already are most utilized and needed by this population. They have proved to be the most valuable services, particularly when provided in a coordinated fashion with other MDILP/CIL services, such as Independent Living Skills Training and Peer Counseling.

In order to increase the number of clients served, the Housing Counselor will conduct in-person, on-site outreach at places and programs where large numbers of homeless and at-risk people congregate or live. The include the following: People's Park, other parks, the Berkeley Marina area, Blood Plasma Centers, Emergency Food Project, the hotels on Shattuck between University and Milvia, the UC Hotel near San Pablo, the Berkeley Support Services Emergency Shelter, various churches near which homeless people sleep. Through outreach we will increase the numbers of people referred from other programs, including Berkeley Mental Health, Drop-In Center, Free Clinic, Creative Living Center and Veterans Assistance Center.

Housing and Financial Benefits Services are "work intensive," an average of several hours being required per client to insure a successful outcome. With a minimal volunteer staff, MDILP currently is providing an average of two hours per client with housing and an average of three hours with financial benefits. We plan the increase in the following ways:

Housing - Increase the average to four hours per client to provide one-to-one counseling on how to look for a place and how to be prepared to interact with a potential landlord, looking through listings, helping the client make phone calls, accompanying the client for "moral support" while making contacts. Extra time also will be needed to work with a client on appearance while searching for housing.

Financial Benefits - Increase the average to six hours per client to counsel and assist in applying for benefits. Service involves increased one-to-one counseling regarding eligibility criteria and recipient's rights, plus assistance in preparing for appeals. Additional time is required for counseling clients who receive SSI/DI and who are slated for a Continuing Disability Review (CDR). The Social Security Administration is resuming CDRs, and every recipient will be under review. Many people became homeless through loss of benefits previously by this process. Although the new criteria are felt to be more fair, it is expected that many recipients will become at risk of losing benefits and becoming homeless without this assistance. More time also will be required to accompany clients to agencies to apply for financial benefits.

Increases in time spent per client are necessary to insure successful outcome of obtaining income and stable housing. Continued services are needed to help the client maintain an independent and stable life. These two new positions will work exclusively with the mentally diabled homeless and at-risk clients. With increased staff capacity, it is anticipated that MDILP can serve twice as many clients as previously.

COALITION FOR ALTERNATIVES IN MENTAL HEALTH

- DROP-IN CENTER -

The Coalition for Alternatives in Mental Health operates a client-run drop-in Center - a community center for past, present and possible "mental patients." It offers a place to socialize for people who often have no place else to go and who often feel isolated. It provides support for people who, because of hospitalization, stigma, emotional or physical crisis, have no other sense of community. The Center thus addresses the social alientation that makes independent living so difficult for many to maintain. It has been operating for approximately six months.

In addition to this basic function of social and recreational activities, the Center offers special groups that include women's support group, mixed support group, art and drawing time, exercise group, eating problems group and other client advocacy groups - all initiated and maintained by the members. When requested by individuals, the Center provides information, referral, general advocacy and peer counseling. It works closely with the community's support and advocacy agencies.

This community organization is based on the self-help model of client-run/peer-run services. Programs are substantively different from the traditional mental health approach. The people who use the service operate it; service providers and recipients are one and the same. Both major and minor decisions about the service are made by the people it serves. All program and policy decisions are made at bi-weekly planning meetings, to which all Center participants are invited. Decisions thus are made in a participatory, democratic way, each participant having equal power in decision making.

All staff, who are called "helpers," are or have been clients themselves. The client-run program is based on self-determination of the individual; it is totally voluntary. People are able to come and go as they please, use some parts of the service without using others or use none of the specialized services at all. Based on a non-medical approach to "disturbing behavior," this client-run program addresses the economic, social and cultural needs that create human distress.

Unstructured Socializtion - As the core component of the Center, within and from which the other services occur, this aspect of the program provides an opportunity to build community and a support network for people who have none due to their unstable living situations. It provides a place to "hang out," simply somewhere to go when there is no other safe place to call home. The Center is open two days a week for this component. It could expand by hiring "helpers" (staff) to accomplish the goals indicated on the following page.

Unstructured socialization expansion goals are as follows: 1) Increase drop-in time to two additional days (one being Saturday) and one evening; the addition of evening hours and Saturday are expected to be especially attractive because other agencies and resources are not available at these times. 2) Increase quality interaction and help to drop-ins. The goal is to have two helpers present during all hours to provide information, referral, advocacy calls, one-to-one peer counseling and to facilitate the smooth functioning of the Center.

Food Service - The Center provides lunches and snacks throughout the day at hours which do not conflict with the Emergency Food Project. Food preparation takes place in a home-like atmosphere that fosters independence and responsibility. People prepare their own meals, freely utilizing the refrigerator and range in a kitchen available at the Center, and they clean the facilities following meals. With additional days and an increased population to serve, more food resources will be required and funding needed.

Special Groups - The various support groups and groups geared toward special issues provide a way to learn the skills and responsibility for planning. It is expected that groups will emerge which deal with issues surrounding homelessness and the threat of it. There already have been several ad hoc informal groups concerning board-and-care home survival.

Information, Referral, Advocacy - This service has ranged from rights protection and information in hospitals and board-and-care homes to emergency assistance for securing food and shelter. This service will continue, with more emphasis on developing an information and referral system that addresses special concerns of the homeless.

Recreation & Social Activities - The Center sponsors three to four recreation/social events a month; e.g., a special party for people in transient living situations. It is anticipated that more such events geared to this population will be planned in future.

Community Outreach - The Center already has targeted Berkeley's board-and care homes for special outreach. Other outreach will include places where the homeless gather.

Helpers - The helpers will be chosen at bi-monthly meetings. This responsibility will be shared as much as possible, providing work opportunities and training for Center users. Helpers will have experienced homelessness or the risk of it in the past or present or will be trained in special concerns involved.

EMERGENCY FOOD PROJECT / DROP-IN COUNSELING PROGRAM

Emergency Food Project provides the only hot evening meal offered on a daily basis by this continuum of services effort to a population that includes the mentally disabled homeless and at-risk population of the Berkeley-Albany community. The number of people coming to the Food Project meal service has increased dramatically in the past year. At least 170 people are eating at the Project each night, with as many as 128 of them being homeless or at risk of homelessness. This increase places a severe strain on the program to supply nutritious food in a cost-effective manner and to maintain a kitchen staff sufficiently large to meet the growing demand. Additional funding will provide another staff member to assist in the daily meal service preparation.

The Project also has established itself as a workable counseling setting for this population. Counseling provides a backup service to clients who have their first contact with the system at this point. Information about and referral to the other specialized programs direct the individual to service opportunities in a voluntary advocacy manner. Project staff have found that clients can work toward stablizing their lives and removing themselves from the anguish and destitution of living on the streets if they are given the appropriate emotional, psychological and physical support available on initial contact with the system.

By providing a warm environment which encourages peer support and gradual disclosure, the counseling program offers an opportunity for clients to receive and give assistance in a setting which is an alternative to traditional mental health counseling. Counselors are trained to respond to the specific needs and life styles of mentally disabled homeless as well as individuals at risk of homelessness.

The Project works with clients to help evaluate, determine goals and provide followup in advocacy activities. It maintains up-to-date information about resources available in the community and works closely with other agencies to minimize duplication of services and make appropriate referrals. Evaluation of the Project's effectiveness is based on accountability of the staff and feedback from clients served.

BERKELEY MENTAL HEALTH

POLICE PROJECT

The Berkeley Mental Health Police Project is an innovative, mobile crisis service founded in April 1979 with a grant from the California Department of Mental Health to the Division of Mental Health of the City of Berkeley. Initially created to assist the Berkeley Police Department with residents of Berkeley and Albany who required psychiatric crisis services, the focus has expanded to include outreach and followup service to homeless and at-risk individuals, assessment, provision of an immediately responsive source of crisis intervention and prevention of unnecessary psychiatric hospitalization by providing viable alternatives. The Police Project also facilitates hospitalization and assists with referral for followup care after discharge. While more than half of the Police Project referrals continue to come from the Berkeley P.D., other referral comes directly from individuals and families in need, as well as from a variety of community agencies (see table). The Police Project works closely with agencies such as Berkeley Support Services, Herrick Hospital & Health Center, Berkeley Fire Dept. and WAVES. It presently operates from 5-10 p.m., Monday-Friday. Staff members have expertise in crisis intervention and emergency response and offer a good balance of multi-ethnic men and women with diverse language capabilities.

Research indicates that fully 41% of those individuals who underwent an emergency psychiatric hospitalization arranged by the Police Project during a 28-month period were either nomads or tenuously housed. These individuals often were living on the streets in a delusional state, hearing voices, frightened and often unable to provide their basic needs of food, housing and clothing. They tended to be highly vulnerable, easily victimized and often came into contact with police or emergency services.

The great majority of the homeless served by the Police Project are not hospitalized but instead are assisted with the location of shelter, food and other support services. According to Berkeley P.D. statistics, police officers involuntarily hospitalize (5150) homeless mentally disabled individuals at a rate of twelve (12) times that of Police Project staff during hours when Project staff are unavailable. In a survey which included 48 police officers, 57.4% responded by suggesting service improvement to include increased hours and coverage by the Police Project.

A new goal for the Police Project must be to attempt to provide more continuous, accessible service to the homeless and at-risk population. By the introduction of increased followup services, the endless and repetitive chain of temporary, band-aid solutions may be broken for many individuals. Clearly a mobile crisis service, sensitive to the social stresses and psychiatric needs of the homeless, is a vital link in such a plan. The homeless person in Berkeley frequently must face many hardships in locating dispersed, disconnected and an often confusing array of resources. Very close coordination of these community services thus is essential, with the Police Project staff role being crisis intervention and introduction to a system geared to serving each client individually.

BERKELEY MENTAL HEALTH

COURT PROJECT

The Court Project is a mental health diversion program for persons referred through the Berkeley-Albany Municipal Court. This program began in 1978 as a response to a need long recognized by local police, judges and mental health officials. A large number of persons were being arrested for minor offenses which stemmed more from their psychiatric and prevailing sociopolitical realities (deinstitutionalization and homelessness) than from serious criminal behavior. A smaller number were being arrested for serious offenses, and they too often were ignored by the mental health system, despite florid displays of psychotic symptoms in the courtroom.

The mentally disabled individual, who formerly received a term in the state hospital for transgressing certain social and legal limits, now faces serious abuse from stronger and more aggressive inmates in jail and tends to be neglected by overworked, sometimes disinterested deputies. For individuals admitted to the Criminal Justice Inpatient Unit at Highland General Hospital, there is little followup care readily available once released, often resulting in re-arrest on the same charges within a few days.

The Court Project was designed to evaluate prospective clients while in custody, recommend to the judge whether a referral to Highland is indicated or whether the criminal case can proceed directly. For clients admitted to Highland, efforts are made to coordinate with both the hospital staff and the court to assure that outpatient followup is readily available once the person is discharged. When there is no need for hospitalization but followup is indicated, Court Project staff may advocate for release from custody contingent upon the client's willingness to participate in an outpatient program. The other component of this program thus is an outpatient clinic specifically designed for court-referred clients.

Fifty percent of clients seen by the Court Project are homeless. They most often are characterized by long histories of psychiatric hospitalization, sometimes severe poly-drug abuse, poor compliance with outpatient services and multiple arrests (see table). They frequently require the basic social services of food and shelter, assistance with SSI or welfare, access to psychiatric and medical services. A large number of persons served by this program actually do decrease the frequency of arrests and consequent incarcerations. Others continue the cycle of arrest and incarceration, punctuated by periodic long-term hospitalization. Accessibility is the key to this program's successes, including direct contact with the client in custody, with judges, district attorneys and public defenders during the judicial process. Meeting with the prospective client just prior to arraignment, then maintaining this contact throughout the proceedings, often lays the foundation for a trusting relationship and greatly increases the possibility of a successful referral to the program. To increase the program's benefits, additional staff time is needed to provide coverage for client reappearance now missed and closer tracking of clients in the hospital or jail. Increased coordination with agencies of "The Homeless Project" will allow more effective followup service.

VETERANS ASSISTANCE CENTER

The Veterans Assistance Center (VAC) is a non-profit organization which has been highly successful in serving veterans since 1978. Operating on the philosophy that assisting veterans to secure stable, gainful and meaningful employment will enable them to solve their other problems, VAC provides clients with intensive job preparation, job search and job placement services. The Center serves a total of approximately 1000 clients a year in its combined programs.

VAC has developed a special back-up program for the homeless and at risk of becoming homeless mentally disabled veterans. Studies show that 30% of all veterans nationwide are homeless. The Berkeley Center offers comprehensive counseling services and assistance to the veteran and his/her family in dealing with problems which often are related to military experiences. It has been found that many personal and family difficulties which clients are experiencing often are related to "Post Traumatic Stress Disorder" (PTSD). Symptoms may include emotional responses of depression, rage, survival guilt, sleep disorders, isolation, avoidance of feelings and alienation, anxiety reaction, flashbacks and intrusive thoughts. Other difficulties which arise may include such interpersonal relationship problems as establishing and maintaining intimate relationships with others, difficulties with authority figures at work, self-deceiving and self-punishing patterns of relating to others, including inability to talk about war experiences, fear of losing others close to them, a tendency to use alcohol or drugs to medicate pain and fear.

With increased funding, VAC would be able to expand in the following ways: 1) Extended time spent with each mentally disabled homeless veteran; 2) Increased numbers of the target population served. Outreach would include regular on-site contact with different programs throughout the community to locate potential clients and address their problems through direct service, advocacy and referral. Service provision will include the following:

1) Peer Counseling: Individual and group support on a weekly basis to address the problems of isolation, unemployment, substance abuse, depression, loneliness and related difficulties, with appropriate referrals when necessary.

2) Benefits & Housing Services: Specialized assistance to eligible veterans in applying for V.A. benefits, as well as aid to veterans with "bad discharge" papers in applying for SSI/DI benefits.

Mentally disabled homeless and at-risk veterans are eligible for all employment services offered by VAC. The Center's assistance in removing barriers to employment and preparing clients to find a job has proved to be a primary benefit to veterans, their families and the community at large.

BERKELEY CREATIVE LIVING CENTER

The Berkeley Creative Living Center (CLC) offers a program which is intended to fill the gap in mental health services that exists between hospitalization and independent community living. The fostering of personal growth and humanness is explicit in program philosophy and operation. This humanistic approach emphasizes growth and learning models, utilizing techniques from a wide variety of therapeutic approaches.

Operating within the framework of this philosophy, the goal of the CLC is to offer each person who comes to the Center all possible encouragement, opportunity and support for making life go in the direction he/she desires. To accomplish this goal, CLC provides a time and place where people can -

- have somewhere to go and something to do away from home,
- get an inexpensive and nutritious lunch,
- meet people.
- have fun (play games, do craftwork, talk with friends, relax).
- learn how to participate acceptably as part of a group.
- make friends.
- experience caring and acceptance.
- get help with a wide range of problems.
- learn and practice a variety of new skills (leadership, self-assertiveness, sewing, cooking, crafts, sports, etc.).
- try out new behaviors, new ways of interacting with people.
- learn about themselves.
- learn about "mental disability" and how others experience it.
- learn about the mental health system and how it operates.
- get information about what is available in the community in terms of support services offered by community agencies, volunteer work opportunities, entertainment.

In providing the above opportunities, CLC operates at times which do not conflict with other programs participating in "The Homeless Project." It thus offers the homeless and at-risk population an environment of peer support otherwise not available in the community. It is expected that each CLC member will contribute some form of tangible work towards the upkeep and/or operation of the Center at least once a month. It also is expected that each participant will abide by the Center's regulations. Members are encouraged to participate in CLC's paid or volunteer work programs.

Trained staff includesa director, part-time paid workers and numerous volunteers. An art therapist is available for the two days each week when the Center is open. Volunteers are from the community at large and colleges and universities (field work placement students). A Berkeley Mental Health staff psychiatrist is available for weekly staff consultation. Financial support is from the Bates Bill, the Berkeley Adult School and the American Red Cross.

A principal service to the target population is information and referral to appropriate community services and resources relative to their special concerns.

PROJECT HELP

The HELP Emergency Aid Program is a project of the Berkeley Area Interfaith Council. It will participate in "The Homeless Project" by serving as the provider of voucher assistance to homeless and at-risk mentally disabled individuals. HELP has the following two primary aims:

1) To provide persons in urgent need with short-term food, shelter and local transportation, plus other essentials.
2) To offer area religious organizatinns a well-coordinated, accountable and centralized system for distributing limited emergency aid funds in the most effective way possible.

HELP accepts referrals from sponsoring groups and local service agencies. Staff provides a direct link between those in need and those who can help. Careful screening is done by Berkeley Support Services and by HELP to determine the most appropriate kind of aid, and careful client records are kept to avoid duplication of effort. HELP's centrality and range of services are aimed at diminishing confusion and effort for those making referrals and at limiting the delay that persons in crisis often face in the effort to meet their needs.

Essential services provided by HELP, all through non-cash arrangements, include shelter, food, transportation, identification (state I.D. cards, birth certificates, etc.), clothing and such health essentials as prescriptions for medication. HELP volunteers also attempt to find additional sources of aid to meet unusual needs, including travel costs for necessary long trips and contributions towards rent to avoid eviction. "Networking" is thus a crucial part of the project.

At the end of its third year of operation, HELP had received 2,402 referred clients and had distributed $17,918 worth of vital emergency aid, in addition to making hundreds of referrals for services.

SUPPLEMENTAL CRISIS SERVICE STATISTICS

BMH Adult Outpatient data reveal that of a sample of 100 homeless and at-risk clients, 30% were psychiatrically and/or medically hospitalized during 1985. A total of 50% were hospitalized prior to 1985, and 19% were arrested in 1985. BSS statistics show that of 170 new intakes, 19.4% who identified themselves as mentally disabled homeless included 10% who had been hospitalized, 12.4% who had contact with the legal system and 6.5% who currently were in treatment for mental health concerns.

Court Project data reveal that of those persons accused of misdemeanors in the Berkeley Municipal Court during the first 10 months of 1985, 114 were from the target population. The vast majority (71%) report no address and constitute a relatively consistent population living on the streets. The remainder of the sample included 24% who live in marginal housing, with the remaining 5% identifying residency in other cities. Data indicate that the majority of misdemeanor cases (44%) are status offenses directly associated with the condition of homelessness. Many face periodic arrests for nuissance offenses.

Combined 1985 data for AOP, Court Project and Police Project show that the majority of homeless and at-risk clients are diagnosed with severely disabling conditions as drug and/or alcohol dependency, schizophrenia, affective and adjustment disorders (tables attached).

Because of their life conditions, many of these individuals develop simple physical problems which become complex and ultimately life-threatening when not treated. Prominent among physical concerns are leg sores, pneumonia and other lung diseases, ulcers, hepatitis, alcohol or drug withdrawal, pancreatitis and tuberculosis, injuries from assaults and accidents. Alameda County statistics reveal that at least 15 homeless persons died of hypothermia or the after-effects of exposure to the elements in 1985. Lice and scabies also are serious problems among the homeless, who often have few changes of clothing, few places to shower or wash their clothing and who are subject to multiple reinfestations when they return to the same sleeping places where they originally became infected.

BERKELEY SUPPORT SERVICES

Total unduplicated clients = 1800

MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS = Apprx. 480

Average Cost Per Unit of Service = $6.00

Percent Distribution / Homeless & At-Risk Population

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	65	White	41	19-44	80	SSI	12.4	Medi-Cal	
F	24	Black	49	45-54	10.6	G. A.	2.4	Medicare	
		Hisp.	4.3	55-64	.7	Other	31.7	M-C/MC	30
		Asian	1	Unknown	8.7	None	53.5	V.A.	
		Nat. Am.	1					Other	
		Other/UK	3.7					None	70

SERVICE OUTCOME:

Permanent Housing	Financial Benefits
30%	70%

Individuals denied shelter (though provided other services) at Berkeley Support Services and alternative locations due to insufficient space:

3.5% of population, averaging 17-20 persons per month;

at least 3-5 mentally disabled clients per night.

Projected additional clients served in FY 1986-87 with funding = 400.

Mentally disabled homeless served in FY 1986-87 with funding = 240-320.

REFERRAL SOURCES - %

Agency	100
Welfare	1.4
Social Security	.7
Berkeley Mental Health	.7
Other Agency	17.0
Churches	9.9
Hospitals	1.0
Courts	.7
Police	2.8
Outreach	9.2
Word of Mouth	36.9
Unknown	19.7

MENTAL DISABILITIES INDEPENDENT LIVING PROJECT
-CENTER FOR INDEPENDENT LIVING-

Total unduplicated clients = 94 (2-yr. program)

MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS = 62 (2-yr. program)
(Homeless = 38 - At-Risk = 24)

Average Cost Per Unit of Service = $35.00/hour (intensive services)

Percent Distribution / Homeless & At-Risk Population

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	53	White	61	-21	1	SSI	61	Medi-Cal	61
F	47	Black	23	21-30	14	SSDI	11	Medicare	11
		Hisp.	10	31-40	55	SSI/SDI	4	M-C/MC	4
		Asian	3	41-50	16	G.A.	8	V.A.	3
		Nat. Am.	0	51-60	10	V.A.	3	None	21
		Other/UK	3	60+	4	Other	1.6		
						None	11.4		

NOTE: Approximately 20 persons failed to complete full information.

Percent Distribution - Homeless

Gender		Ethnicity		Age		Economic Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	55	White	63	-21	3	SSI	53	Medi-Cal	53
F	45	Black	21	21-30	16	SSDI	1	Medicare	1
		Hisp.	10	31-40	60	SSI/SSDI	3	M-C/MC	3
		Asian	3	41-50	10	G.A.	18	V.A.	1
		Nat. Am.	0	51-60	8	V.A.	1	None	42
		Other/UK	3	60+	3	None	24		

Percent Distribution - At Risk of Becoming Homeless

Gender		Ethnicity		Age		Economic Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	50	White	58	-21	1	SSI	75	Medi-Cal	75
F	50	Black	25	21-30	12	SSDI	21	Medicare	21
		Hisp.	10	31-40	50	G.A.	0	V.A.	4
		Asian	3	41-50	21	V.A.	4		
		Nat. Am.	0	51-60	12				
		Other/UK	4	60+	4				

MENTAL DISABILITIES INDEPENDENT LIVING PROJECT
-CENTER FOR INDEPENDENT LIVING-

Referrals to MDILP/CIL - %

Homeless		At-Risk		Total	
Source	100	Source	100	Source	100
BSS	39	Clinics	8	BSS	20
Clinics	8	Agency	12	Clinics	8
Other Agency	5	Friend	33	Other Agency	8
Friend	18	Self	37	Friend	26
Self	26	Psychiatrist	8	Self	32
Psychiatrist	3	Unknown	2	Psychiatrist	5
Unknown	1			Unknown	1

Referrals by MDILP/CIL - %

Homeless		At-Risk		Total	
Source	100	Source	100	Source	100
BSS	8	Housing Auth.	29	BSS	4
Housing Auth.	24	D.S.S.	21	Housing Auth.	27
Ind. Living	3	Rehab. Dept.	25	Ind. Living	2
D.S.S.	34	Clinic	8	D.S.S.	28
Rehab. Dept.	10	Psychiatrist	8	Rehab. Dept.	16
Psychiatrist	10	Other	9	Clinic	4
Other	11			Psychiatrist	9
				Other	10

OUTCOME OF SERVICES / PERCENT SECURING PERMANENT HOUSING:

Homeless	At-Risk	Combined Population
50%	25%	71%

Projected additional clients served in Fiscal Year 1986-87 = 100.

COALITION FOR ALTERNATIVES IN MENTAL HEALTH / DROP-IN CENTER

Total unduplicated clients in 1985 = 225 (six months)

MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS = 70 (six months)

Average Cost Per Unit of Service = $1.86

Percent Distribution / Homeless & At-Risk Population

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	74	White	70	19-29	29	SSI/SDI	86.6	Medi-Cal	86.6
F	26	Black	27	30-44	68	G.A.		Medicare	
		Hisp.	0	45-54	2	V.A.		V.A.	
		Asian	1	55-64	1	None	13.4	Other	
		Nat. Am.	2	65+	0			None	13.4

Projected additional clients served in FY 1986-87 with funding resources = 165.

BERKELEY EMERGENCY FOOD PROJECT/DROP-IN COUNSELING PROGRAM

*AVERAGE TOTAL CLIENTS SERVED PER DAY = 170

*MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS SERVED/DAY = 128

Average Cost Per Unit of Service = $3.52

Percent Distribution / Homeless & At-Risk Population

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	70	White	55	19-44	90	SSI/SDI	50	Medi-Cal & Medicare	50
F	30	Black	40	45-54	5	G.A.	10		
		Hisp.	3	55-64	5	V.A.	5	None	50
		Asian	1	65+	0	None	35		
		Nat. Am.	1						

*Figures change daily due to mobility of individuals served, with new clients daily referred from agencies, friends and other sources.

Projected additional clients served in Fiscal Year 1986-87 with funding = 40/day.

BERKELEY MENTAL HEALTH

-COURT PROJECT - ADULT OUTPATIENT - POLICE PROJECT-

Total unduplicated clients in 1985 for combined units = Apprx. 1850.

MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS = Approximately 275.

Average Cost Per Unit of Service = $68.73.

Court Project - Percent Distribution

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	53	White	51	<21	1	SSI	34	Medi-Cal	34
F	47	Black	42	21-30	19	V.A.	4	V.A.	4
		Hisp.	2	31-40	44	Other	4	None	12
		Asian	2	41-50	11	None	8	Unknown	50
		Nat. Am.	0	51-60	4	Unknown	50		
		Other/UK	3	60+	0				
				Unknown	21				

Adult Outpatient - Percent Distribution

Gender		Ethnicity		Age		Economic Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	66	White	65	-21	2	SSI	45	Medi-Cal	33
F	34	Black	28	21-30	29	SSDI	5	Medicare	8
		Hisp.	3	31-40	39	SSI/SSDI	3	M-C/MC	9
		Asian	3	41-50	18	G.A.	5	Other	0
		Nat. Am.	1	51-60	6	Other	26	None	50
		Other	0	60+	6	None	16		

Police Project - Percent Distribution

Gender		Ethnicity		Age	
Total	100	Total	100	Total	100
M	44.9	White	49.5	<25	24.4
F	55.1	Black	31.0	26-40	44.8
		Hispanic	3.0	41-55	15.4
		Asian	9.0	56-70	9
		Nat. Amn.	0	71+	2.6
		Other/Unknown	7.5		

BERKELEY MENTAL HEALTH

-COURT PROJECT - ADULT OUTPATIENT - POLICE PROJECT-

Court Project - %

Diagnosis		*Profile Category	
Total	100	Total	100
Schizophrenic Disorders	43	A	29
Psychotic Disorders	4	B	49
Affective Disorders	5	C	22
Personality Disorders	6		
Organic Brain Syndrome	6		
Other	3		
Unknown	33	Total arrests in population = 100%.	

Total with history of long-term hospitalization = 18%.

Adult Outpatient - %

Diagnosis		*Profile Category	
Total	100	Total	100
Schizophrenic Disorders	39	A	47
Psychotic Disorders	5	B	48
Affective Disorders	28	C	5
Personality Disorders	11		
Adjustment Disorders	10	Total arrests in population = 19%.	
Other	7	Clients also seen by Court Project = 7.	

Total with hospitalization in 1985: 30%; prior to 1985 = 50%.

Police Project - %

Diagnosis	
Total	100
Schizophrenic Disorders	44.9
Affective Disorders	32.1
Drug-Induced Disorder	7.7
Other/Unknown	15.3

Of those clients hospitalized, placement occurred at the following sites:

Total	100%
County	89.7
City	9.0
Other	1.3

*Description of profile categories and how determined in appendix; only AOP and Court Project of Berkeley Mental Health currently have data.

BERKELEY MENTAL HEALTH - AOP

REFERRAL SOURCE

Source	100
Berkeley Support Services	23
Bonita (Halfway) House	5
Other Agency	18
Hospital	15
Psychiatrist	7
Friend	11
Relative	5
Self	16

REFERRAL PROVIDED

Reference	100
Berkeley Support Svcs.	14
MDILP/CIL	3
Alternative Coalition	3
Creative Living Center	5
Emergency Food Project	5
Dept. of Social Services	2
Rehabilitation Services	6
Board-and-Care Placement	5
Other	22

Projected additional clients served by Police Project in FY 1986-87 = 60.

VETERANS ASSISTANCE CENTER

Total unduplicated clients in 1985 = 88.

MENTALLY DISABLED HOMELESS & AT-RISK CLIENTS = 73.

Average Cost Per Unit of Service = $5.00

Percent Distribution / Homeless & At-Risk Population

Gender		Ethnicity		Age		Eco. Support		Health Ins.	
Total	100	Total	100	Total	100	Total	100	Total	100
M	95	White	47	30-45	100	SSI		Medi-Cal	
F	5	Black	40			SDI.	10	Medicare	10
		Hisp.	10			G.A.		V.A.	
		Asian	1			V.A.	10	Other	
		Nat. Am.	2			None	80	None	90

REFERRAL SOURCES -	%
Agency	100
Berkeley Support Services	10
Agency Outreach	60
Word of Mouth/"Self"	30

Projected future clients served in FY 1986-87 by funding resources = 51.

BERKELEY CREATIVE LIVING CENTER

Mentally Disabled Homeless and At-Risk Clients = 70.

Males = 71%
Females = 29%

PROFILE OF THE HOMELESS & AT-RISK MENTALLY DISABLED

This profile attempts to measure the impact of homelessness on the quality of an individual's life. Berkeley Mental Health utilized the profile to assess a sample of clients from the Court Project and a separate sample from the Adult Outpatient Unit to determine category placement for each person, as reflected in the tables on p. 36. The profile focuses on three dimensions - satisfaction of the person's basic needs, the type of criminal offense committed, and the individual's physical and mental health status. The following is an outline of the variables rated within each category of the profile.

DESCRIPTION OF VARIABLES

I. PHYSICAL DESCRIPTION
- 1 appropriately dressed for climate and adequate personal hygiene
- 3 inappropriately dressed for climate, inadequate personal hygiene
- 5 grossly inadequate clothing for climate and personal hygiene

II. PHYSICAL HEALTH CONDITION-INJURIES
- 1 no apparent health conditions that warrant medical treatment
- 3 presence of recent injuries that have received medical attention
- 5 recent injuries present that have not received medical attention

III. PHYSICAL HEALTH CONDITION-ILLNESSES
- 1 no apparent illnesses that warrant medical attention
- 3 illness present that is under treatment or recently treated
- 5 presence of an illness that is in need of medical treatment

IV. DEGREE OF SOCIAL MARGINALITY-FAMILY SUPPORT
- 1 maintains frequent contact with family, receives needed support
- 3 has family in the area, no known contacts made in recent past
- 5 no known family in the area, or family has refused to aid person

V. DEGREE OF SOCIAL MARGINALITY-COMMUNITY SUPPORT
- 1 maintains frequent contact with at least one community-based service group
- 3 maintains erratic or infrequent contact with at least one community-based service group
- 5 refuses all services offered or grossly unable to solicit community-based services

VI. DEGREE OF ECONOMIC SUPPORT
- 1 receives some form of income and has some form of health ins.
- 3 receives partial support from government or family, not considered adequate for needs
- 5 receives no economic support, must rely on begging, stealing or garbage cans

VII. DEGREE OF RESIDENTIAL STABILITY

___1___ regular resident of board-and-care home, halfway house, hotel room or YMCA.

___3___ within past year, has changed place of residence several times due to eviction, loss of funds, inappropriate conduct

___5___ nomad, no known or regular residence

VIII. MENTAL STATUS EVALUATION

___1___ person is oriented in three areas, no apparent psychotic feature

___3___ person is at borderline functioning, a few areas mildly impaired

___5___ person is psychotic and grossly impaired

IX. ADDITIONAL CONDITIONS

___5___ presence of on-going, uncontrolled alcoholism

___5___ presence of on-going narcotic drug use

___5___ diagnosis of AIDS or ARC

X. CRIMINAL JUSTICE INVOLVEMENT

___1___ one to two cases, crimes against property, sentence suspended or fines, no jail

___3___ three to four cases, crimes against persons, sentence suspended or probation given

___5___ five or more cases, crimes against persons, jail sentence given

10 - 19	::	20 - 29	::	30+
A		B		C

EVALUATION:

Category A: person is minimally at risk, relatively adequate homeless life situation.

Category B: person is moderately at risk, problematic life situation that could result in illness, disability, danger to self and/or community.

Category C: person is severely disabled, ill and alienated due to a grossly deficient life situation of chronic homelessness combined with serious mental disorders.